

Project Summary Brief:

Exploring the impact of COVID-19 on the experiences and wellbeing of NTD Frontline Health workers and Implementers in Kaduna, Kwara and Ogun States, Nigeria

Background to the study

The global impact of COVID-19 cannot be overemphasized, as some of the world's most equipped health systems are overwhelmed (Molyneux 2020). The ability of any healthcare system to contain or control pandemics is largely dependent on the health care workers (HCWs) in the frontline of battling such pandemic (Muller et al., 2020), unfortunately, HCWs have not gotten the needed attention in conversations surrounding handling shocks (Spoorthya *et al.*, 2020). The WHO has made effort to impress upon the consciousness of nations of the world enormous high burden on healthcare workers and has therefore called for concrete steps to be taken to address the immediate needs and carry out measures needed to save lives and prevent a serious impact on physical and mental health of healthcare workers (WHO, 2020). In the circumstances, HCWs are the personnel saddled with managing the crisis, this however, has not exempted them from being infected and the consequent psychological impact on them (Spoorthya *et al.*, 2020;)

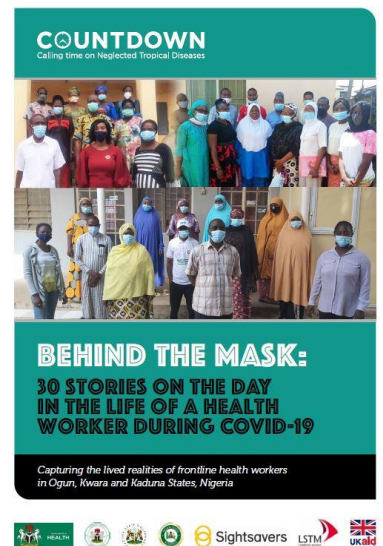
Nigeria has reported over 27,000 confirmed cases (NCDC 2020). Due to the pandemic, the World Health Organization (WHO) (World Health Organisation) recommended that neglected tropical disease (NTD) activities should be postponed. However, existing NTD platforms have been used to supporting COVID-19 responses (WHO 2020). The structure and engagement of NTD programmes at the community level are well positioned to support COVID-19 responses.

In Nigeria, NTD implementers and FLHWs, comprising of community health volunteers (CHVs), community drug distributors (CDDs), and health workers at primary health facilities, have been redeployed to support COVID-19 interventions, such as screening, contact tracing and community engagement (COUNTDOWN, 2020). Working at the forefront of the pandemic response, FLHWs generally are at a higher risk of exposure to highly infectious diseases while they come into close contact with patients. The emotional burden of health workers is an area of research that is seldom addressed, particularly holistic support for the frontline health work force. It is therefore necessary to understand the experiences in relation to wellbeing of NTD FLHWs in Nigeria. Through highlighting the needs and priorities of FLHWS, we co-developed recommendations that can support NTD FLHWs and implementers, addressing psychosocial impacts as well as wellbeing. This will form an evidence base for supporting health workers to ensure strong health systems, in the management of NTDs as well as future outbreaks.

Aims: To explore experiences of frontline health workers and the impact of COVID-19 on their wellbeing. To identify the challenges faced by health workers regarding workload, stigma and community perceptions during the pandemic and whether this varies by gender, age and community.

Methods

This study was conducted between August 2020- July 2021 and employed the qualitative, creative participatory method of photovoice. Ethical approval was obtained from Liverpool School of Tropical Medicine Ethics Committee in UK, in September 2020 and the Nigerian Ethics Committee in Nigeria in December 2020. Study participants were 15 FLHWs and 15 CDDs. Prior to data collection, the research team was trained virtually on the ethics and process of photovoice. The research team cascaded the training in person to the research participants (5 FLHFs and 5 CDDs in each state) across the three states. Participants were taught the process of photovoice as a method of data collection and how it can be used to document their experiences and wellbeing. After the training, participants sent 1-2 photos daily over a period of ten days via Whatsapp (to overcome the challenges of face-to-face interactions due to the pandemic) and explained the reasons they took them and what it meant to them representing these themes; wellbeing, support, and work experience during COVID.



After all photos were finally received, they were printed and used by the participants at the focus group discussions (FGDs) which were conducted in each state, making a total of three FGDs for the study. The FGDs were conducted in English, and the local language in the states, (Hausa or Yoruba) as preferred by the participants and lasted for approximately 1-2 hours. During the FGDs, participants presented the printed photos they sent (a maximum of 20 photographs per participant), and selected five key photos from which several themes emerged from their descriptions of the stories behind the selected pictures. With consent, these discussions were analyzed by the research team based on the data collected which was validated, organized, and summarized according to themes to reflect the experiences and wellbeing of research participants across the three states. Pictures and findings were developed and produced into a photo booklet and findings were disseminated through report, photo booklet and recommendations.

Results and Findings

Participants took a total of 300 photographs with an average of 10-20 photographs per participant. The participants selected five key photos each that further reflected their experiences and well-being and explained what it meant to them. The findings that emerged centred on twelve main themes: fears of contracting COVID-19, Stigma, Challenges in providing routine care, sense of responsibility, added workloads, lack of resources, environmental health, pride in role, community support, personal impacts, gendered impact, food and insecurity.

“During the COVID 19 I was faced with so many challenges between me and my family, I had to distance myself from my children and husband especially when I treat a patient I suspect of having COVID 19. In fact, I do isolate myself so that I won’t infect them.”

Imani, CHV, Kaduna.

Findings showed that health workers had to deal with stigma from their community members and many mentioned their sadness that this was from the people who they served and helped to care for their health. Some community members, relatives and family members saw health workers as people who spread the disease rather than those who are there to help them. This was described as being disheartening despite their efforts and risks health workers face to help their community.

Stigma and fear of COVID-19 resulted in many patients not attending health facilities as many people believed the lockdown meant they could not access medical care. One FLHF mentioned that the focus on COVID-19 overshadowed checking for other medical conditions.

A common challenge during COVID-19 was the increase in the workload amongst FLHWs in their various facilities of work as a result of more patients visit to the facilities. Many of the FLHWs found it difficult to cope with the work load due to COVID-19 and many expressed concern on working for additional hours beyond the normal hours. They reported it affected their mental wellbeing due to the stress caused by over workload and also affected their family life as some mentioned they could not perform other family activities such as cooking for their families, taking care of the children at home and having time for their spouses because they often got tired, stressed and exhausted before getting home from work.

Despite the stress and challenges occasioned by the COVID-19 pandemic among the health workers, pride and feelings of joy in their role was expressed across the States, particularly when patients listen and adhere to their advice after giving health talks on COVID-19 as well as NTDs, nutrition and immunisation.

Impacts

- **A photo booklet was developed that captured the stories of the day in the life of participants which made their experiences come to bare as health workers.**
- **Recommendations were provided to policy makers in order to assist health workers and strengthen their capacities as they perform their roles.**